

Videoconferencing Program Request

The _____ request that the following inmate(s) be made available for a videoconference on _____.

Note: Specific county, region or municipality must be indicated for agencies with more than one office or site.

Inmate Name	Inmate #	Time Start	Approx. Length of Conference	Reason Code	Yes	No

VIDEO CONFERENCING OPERATIONAL TIMES

8:30 AM TO 4:00 PM DAILY

Printed Name: _____

Signature: _____

Date: _____

Telephone: _____

(Video conferences should be scheduled to commence no later than 1 hour prior to Network closing time whenever possible.)

THIS REQUEST MUST BE FAXED TO THE APPROPRIATE INSTITUTION AT LEAST 48 HOURS (EXCLUDING WEEKENDS AND HOLIDAYS) PRIOR TO REQUESTED DAY. (LIST OF NJDOC INSTITUTIONAL COORDINATORS' FAX AND TELEPHONE NUMBERS IS ENCLOSED).

Reason Code

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| <ul style="list-style-type: none"> 1. Plea Conference 2. Pre-Trial Interview 3. Pre-Sentence Interview 4. Pending Charges Interview 5. Appeal Interview 6. Post Conviction Relief Interview 7. Post Conviction Sentence Motion Interview 8. Witness Interview 9. 5-A Interview 10. Parole Hearing | <ul style="list-style-type: none"> 11. U.S. District Court Hearing 12. Other (Specify in Reason column above) 13. a. N.J. DOC Ombudsman Interview 13. b. N.J. DOC Internal Affairs Interview 13. c. N.J. DOC Other Interview (Specify) 14. ISP Interview (AOC) 15. ISP Interview (Public Defender) 16. Municipal Court Hearing 17. Family Court Hearing |
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